

Office of Administration

Commissioner's Office

"Request for Preauthorization for Other Services"

Program: **Alternatives to Abortion**

Contractor: Nurses for Newborns

Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name: 

Date Enrolled: 10/6/16

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
	CAR PAYMENT	\$532.50	Mom has been out of work since delivery baby on 10/10/16. Baby has special needs and requires 24 hr care.
AMOUNT TO BE REIMBURSED		532.50	

Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov by the Contractor only!

Thank you.

Authorized person requesting purchase: Ulegia Remy

Approved for purchase: Emily Kraft Date 11/10/17

Purchase denied: _____ Date _____

Reason for denying purchase: _____